

**ARKANSAS BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**

**P. O. Box 3750
Little Rock Arkansas 72203
501/682-2824
Fax 501/682-2827
www.state.ar.us/pels
LS APPLICATION**

Important -Do not complete this form until you read the instructions and the guidelines and you understand what is required. All information must be **typed** and all questions must be answered. Your application fee must accompany this form.

Date Received Application:

Check: _____

____ Approve for Exam
____ Interview
____ Discuss
____ Reject
____ Approve for Recip

1. Name in full: _____ 2. Date: _____

3. If you have ever used another name, list here _____

4. S. S. No. _____

5. Phone #(O) _____ Ext. _____

(H) _____ Fax _____

6. Date of Birth: _____

7. E-mail address: _____

8. Mailing address: _____

Is mailing address company address? _____

9. Employer: _____

10. Position: _____ Photo taken _____, 20____ month/year

11. Are you a resident of Arkansas? Yes ☐ No ☐

12. Are you applying for written exam in Arkansas? Yes ☐ No ☐

13. Are you applying for registration by reciprocity? Yes ☐ No ☐

14. Application is for reinstatement? Yes ☐ No ☐

15. Indicate below examination data and State:

Fundamentals of Land Surveying exam: State: _____ Exam date: _____ LSIT # _____

Principle & Practice of Land Surveying exam: State: _____ Exam date: _____ LS # _____

16. State and Date of first registration as a Land Surveyor State: _____ Date _____

17. Other States in which you are registered as a Land Surveyor: _____

18. Have you previously filed an application with this Board for any purpose? Yes ☐ No ☐

19. Have you been denied registration in any State or Territory? Yes ☐ No ☐

If yes, list State: _____ Date _____

Attach recent photo with face not less than 3/4 inch wide. Please tape sides down.

20. Have you ever been convicted of a crime (felony or misdemeanor, except traffic violation)? Yes ☐ No ☐
21. Have you ever been charged with a crime (felony or misdemeanor, except traffic violation), the disposition of which was other than by acquittal or dismissal? Yes ☐ No ☐
22. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes ☐ No ☐
23. Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes ☐ No ☐

(Affirmative answers to questions 18 thru 23 should be explained in Item 24).

24. Explanations of affirmative answers for questions 18 thru 23

25. **COLLEGE EDUCATION**

Institution Attended Name, Location	Period of Attendance			Major	Date Graduated	Degree Received
	From	To	Years			

26. **REFERENCES**

Names and addresses of five (5) references (5 separate people) of which three (3) must be Registered Land Surveyors, who have personal knowledge of your character, professional reputation, and accomplishments. At least one (1) of the LS references must be from a current or previous supervisor.

Name	Address	Phone #	State of LS Registration
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Please complete 25 and 26 even if you have an NCEES record being forwarded.

27. Provide Experience Sheets

28. **AFFIDAVIT CERTIFICATION, AUTHORIZATION AND RELEASE**

State of _____ County of _____
Name of Applicant _____, being first duly sworn, deposes and says

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Rules of Professional Conduct set forth in the Rules of the Board.

I also hereby authorize any individual, company or institution with whom I have been associated to furnish the Arkansas State Board of Registration for Professional Engineers and Land Surveyors with any information concerning my qualifications for professional registration in Arkansas which they have on record or otherwise, and do hereby release the individual company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Subscribed and sworn to before me this:

_____ day of _____, 20____

(Signature of Applicant)

(SEAL)
My Commission expires _____

(Signature of Notary Public)

NOTE TO APPLICANTS: It is your responsibility to see that the reference and verification forms are returned **directly** to the Board office. This application cannot be considered until all transcripts; verification forms and reference forms are returned.